

STATE OF CALIFORNIA  
**ANNUAL APPLICATION FOR FUNDS**

DEFERRED MAINTENANCE PROGRAM  
 SAB 40-2 (REV. 05/95)

DEPARTMENT OF GENERAL SERVICES  
 STATE ALLOCATION BOARD

|                 |  |   |               |
|-----------------|--|---|---------------|
| SCHOOL DISTRICT | <b>STATE USE ONLY</b>  |   |               |
| ADDRESS         | APPLICATION NUMBER/CDS NUMBER  |   |               |
|                 | LOGGED IN COMPUTER<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATE LOGGED IN  | INITIALS      |
| COUNTY          | HARDSHIP<br><input type="checkbox"/> YES <input type="checkbox"/> NO           | LETTER ONLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 5-YR SAB DATE |


**SECTION A - Funding request (may check more than one)**

- ☐ The district hereby applies for basic participation in the State School Deferred Maintenance Program for the 199 / Fiscal Year, and requests an apportionment of State matching funds as provided by Education Code Section 39619(b).
  - ☐ The district hereby applies for an **additional apportionment** as provided by Education Code Section 39619.2. Funding under this Code Section is contingent upon funds available.  
*(Check Only One)*
    - ☐ Equal to the calculation method as outlined in Education Code Section 39619.2; or
    - ☐ In the amount of \$\_\_\_\_\_ *(cannot exceed Item "A")*.
  - ☐ The district hereby applies for a critical hardship apportionment as provided by Education Code Section 39619.5 and Section 1866(a) (10) of State Allocation Board Regulations.  
 Estimated Hardship Cost \$\_\_\_\_\_.\*
- \* This Cost Estimate must be submitted with a Contractor's estimate.

**District must attach a one-page detailed description of the critical project(s) as shown on five-year plan. (A hardship information packet with detailed instructions will be forwarded to the District upon receipt of this request.)**

**SECTION B - Status of Five Year Plan of Maintenance Needs (check only one)**

- ☐ The district wishes to continue with its five-year plan previously approved under Application Number 40/\_\_\_\_\_.
- ☐ The district hereby submits an updated/revised five-year plan which supersedes that previously approved under Application No. 40/\_\_\_\_\_. *(Enclose copy of revised five-year plan.)*
- ☐ The district has not previously participated in the Deferred Maintenance Program and herewith submits its initial five-year plan. *(Enclose copy of initial five-year plan.)*

|  |                  |                                    |
|--|------------------|------------------------------------|
| CONTACT PERSON   | TELEPHONE NUMBER |                                    |
| DISTRICT SUPERINTENDENT SIGNATURE<br> | DATE             | TYPEWRITTEN/PRINTED SIGNATURE NAME |

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## **GENERAL INSTRUCTIONS**

*This form may serve as an application and shall represent a letter from the applicant district for deferred maintenance apportionments as provided by SAB Regulations 1866.2. If the district desires, it may submit its application in letter form; however, in either case, the request must be signed by the District Superintendent and received no later than March 31, 19\_\_\_\_.*

Mail applications to: Office of Public School Construction  
501 'J' Street, Suite 400  
Sacramento, CA 95814  
ATTN: Special Programs Unit

**PLEASE NOTE:** Any applications or five-year plans not conforming to State Allocation Board guidelines (i.e., improper signature, dates omitted from five-year plan, etc.) will be returned to the district for proper compliance.

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## **SPECIFIC INSTRUCTIONS**

### **SECTION A - Funding request (may check more than one box)**

- Box 1. Check this box for the basic deferred maintenance apportionment as provided by Education Code Section 39619(b). The district will be required to match, on a dollar-for-dollar basis, the apportionment to be received.
- Box 2. Check this box for an additional apportionment as provided by Education Code Section 39619.2. The district will be required to match the additional apportionment amount with an equal amount of district funds that have not been previously used as a match for State aid. Districts can apply for any amount so long as it does not exceed the one-half of one percent calculation, as outlined in this code section.

- Box 3. Check this box and attach detailed description of the critical projects(s). The request must be for a hardship as provided by Education Code Section 39619.5. A hardship apportionment is made only for the additional cost of the required work in excess of the district and State match. No additional district contribution may be required (*please refer to SAB Regulation 1866.5*). \* The district should be aware of the offset provisions of the hardship apportionment on the second critical project.

**NOTE:** *Box 1 must be checked if a hardship apportionment is requested.*

\* Revisions pending

### **SECTION B - Status of Five Year Plan of Maintenance Needs (check only one box)**

- Box 1. Check this box if the district has no new projects and will only expend deferred maintenance money on previously approved projects on its five-year plan on file as approved by the State Allocation Board.
- Box 2. Check this box and attach a new or revised five-year plan beginning with the 199\_\_\_\_/\_\_\_\_ Fiscal Year and projecting four succeeding years.
- Box 3. Check this box only if the district has never participated in the State School Deferred Maintenance Program. Attach a five-year plan beginning with the 199\_\_\_\_/\_\_\_\_ Fiscal Year and projecting four succeeding years. The five-year plan should reflect a district's total deferred maintenance needs.

**NOTE:** *Please use the attached five-year plan form provided for you.*